



Iowa Department of Natural Resources  
Cathode Ray Tube (CRT) Device Recycling  
Facility Annual Activity Report



January 1, \_\_\_\_ – December 31, \_\_\_\_  
Due January 30th

**SECTION I – FACILITY INFORMATION**

Permit: \_\_\_\_\_

Responsible Official: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address2: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

**Mail completed form to:**

Iowa Department of Natural Resources

Energy and Waste Mgmt Bureau

502 East Ninth Street

Des Moines, Iowa 50319

**Or Fax to:** 515-281-8895 Attn: Becky Jolly

**SECTION II – QUANTITY OF CRT's COLLECTED FROM NON-PERMITTED SOURCES**

YOU MAY REPORT THE QUANTITIES OF CRT'S YOU COLLECTED FROM YOUR CUSTOMERS IN EITHER **TOTAL WEIGHT** OR **TOTAL COUNT**.  
PLEASE SELECT ONLY ONE TYPE OF REPORTING METHOD.

**J. Total Weight of Materials Collected:**

1. Monitors:

2. Televisions:

3. All other Discarded Electronics:

**Total Weight:**

◀ OR ▶

**B. Total Count of Materials Collected:**

Monitors:

Televisions:

All other Discarded Electronics:

**Total Count:**

C. Percentage of Materials above received from businesses and institutions:

D. Percentage of Materials above received from households:

E. Total aggregate weight of shipments leaving the CRT recycling facility on a monthly basis.

January:

February:

March:

April:

May:

June:

July:

August:

September:

October:

November:

December:

### SECTION III.

### CERTIFICATION

I certify under penalty of law that I am the owner, operator, or authorized representative of the Cathode Ray Tube Device Recycling Facility listed in this report, and that I have examined and am familiar with the information reported above, and that I, to the best of my knowledge, believe the information is true, accurate and complete.

Signature	Printed Name	Date
Telephone Number	Fax Number	Email

Revised 7/06